TRA	NSMITTA	Docket No. 16987									
In Re Application Of: Hitoshi Suzuki, et al.											
Application No.		Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.					
10/650,615		August 28. 2003	Unassigned	23389	3629	8928					
Title:	HOSPITAL	INFORMATION SY	STEM								
Address to:  Commissioner for Patents P.O. Box 1450  Alexandria, VA 22313-1450											
			37 CFR 1.97(b)								
1. 🛚	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.										
	37 CFR 1.97(c)										
2. 🗆	CFR 1.970 Final Action	The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:									
★ the statement specified in 37 CFR 1.97(e);											
	OR										
	the fee set forth in 37 CFR 1.17(p).										

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))											
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<ul> <li>A check in the amount of is attached.</li> <li>★ The Director is hereby authorized to charge and credit Deposit Account No. 191013         <ul> <li>as described below.</li> <li>Charge the amount of</li> <li>Credit any overpayment.</li> <li>Charge any additional fee required.</li> </ul> </li> <li>Payment by credit card. Form PTO-2038 is attached.     <ul> <li>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</li> </ul> </li> <li>Certificate of Transmission by Facsimile*</li> <li>Certificate of Mailing by First Class Mail</li> <li>I hereby certify that this correspondence is being deposited</li> </ul>											
Signature	"Commiss 22313-145	"Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  (Date)  Signature of Person Mailing Correspondence									
*This certificate may only be used if paying by deposit account.  Dated: October 16, 2008  Typed or Printed Name of Person Mailing Control of Person											
	Filing Date August 28. 2003  INFORMATION SY  (Only contine amount of prishereby authorized below. arge the amount of prishered and additional few credit card. Form Provide at any overpayment arge any additional few credit card. Form Provide at of Transmission be document and authorizating facsimile transmitted demark Office (Fa  Signature  Printed Name of Person Signature  Signature	Filing Date Examiner August 28. 2003 Unassigner INFORMATION SYSTEM  Payme (Only complete if Applicant electrons hereby authorized to charge and creded below.  arge the amount of edit any overpayment.  arge any additional fee required.  y credit card. Form PTO-2038 is attached in this form. Provide credit card informate of Transmission by Facsimile*  so document and authorization to charge depositing facsimile transmitted to the United States demark Office (Fa  Signature  Printed Name of Person Signing Certificate  cate may only be used if paying by unit.	Filing Date Examiner  August 28. 2003 Unassigned  INFORMATION SYSTEM  Payment of Fee (Only complete if Applicant elects to pay the fitthe amount of is attached. Or is hereby authorized to charge and credit Deposit and below.  arge the amount of edit any overpayment.  arge any additional fee required.  by credit card. Form PTO-2038 is attached.  Information on this form may become public. Con this form. Provide credit card information and atte of Transmission by Facsimile*  Con this form. Provide credit card information and atte of Transmission by Facsimile  Government and authorization to charge deposition of the United States demark Office (Fa  Signature  Printed Name of Person Signing Certificate  Typ  Dated:	Filing Date Examiner Customer No. August 28. 2003 Unassigned 23389  INFORMATION SYSTEM  Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 the amount of is attached. Or is hereby authorized to charge and credit Deposit Account No. add below. arge the amount of edit any overpayment. arge any additional fee required. Information on this form may become public. Credit card information on this form. Provide credit card information and authorization ate of Transmission by Facsimile*  Certificate of Mai  I hereby certify that this co with the United States Post as first class mail in "Commissioner for Patents, 22313-1450" [37 CFR 1.8(a)]  Signature  Signature  Signature  Dated: October 16, 200	Filing Date Examiner Customer No. Group Art Unit August 28. 2003 Unassigned 23389 3629  INFORMATION SYSTEM  Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) is attached.  or is hereby authorized to charge and credit Deposit Account No. 191013  add below.  arge the amount of edit and information and authorization on this form may become public. Credit card information should in this form. Provide credit card information and authorization on PTO-2038.  ate of Transmission by Facsimile*  Certificate of Mailing by First Clas in first class mail in an envelope a "Commissioner for Patents, P.O. Box 1450", Ail 22313-1450" [37 CFR 1.8(a)] on (Date)  Signature  Signature of Person Mailing Correspondence is be with the United States Postal Service with suffice a first class mail in an envelope a "Commissioner for Patents, P.O. Box 1450", Ail 22313-1450" [37 CFR 1.8(a)] on (Date)  Signature of Person Mailing Correspondence is Device with suffice to paying by unit.  Dated: October 16, 2008						